Entered - 7-16-97 - tew CL - 97L0398 ALEXIS HOLMES

01- R-0023

CLAIM OF: SARA C. JENNETTE

225 Midvale Drive Atlanta, GA 30342

For damages alleged to have been sustained as a result of property damage on October 29, 1996 at 225 Midvale Drive.

THIS ADVERSED REPORT IS APPROVED

BY: 1010

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 97L0398	Date: <u>12/28/00</u>			
Claimant /Victim_SARA C. JENNETTE				
BY: (Atty)				
Address: 225 Midvale Drive Atlanta Georgia	30342			
Subrogation: Claim for Property damage \$	1,956.00 Bodily Injury \$ Improper X			
Date of Notice: 6/30/00 Method: W	ritten, proper Improper X			
Conforms to Notice: O.C.G.A. §36-33-5	Ante Litem (6 Mo.)			
Date of Occurrence 10/29/96 Pla	ce: 225 Midvale Drive, Atlanta, Georgia 30342			
Department Public Works	Division: Sanitation			
Employee involved	Disciplinary Action:			
NATURE OF CLAIM: The claimants' state that her	driveway was damaged by heavy City vehicles when workers t filed in a timely manner and therefore it does not conform to			
INVESTIGATION:				
Pictures Diagrams Reports: Police Traffic citations issued: City Driver	X Other Written OralX Ee Dept Report Other Claimant Driver Claimant Driver			
BASIS OF RECOMMENDATION:				
City not involved ()ffer release	Ministerial X Other Damages reasonable cted Compromise settlement			
Repair/replacement by Ins. Co.	Repair/replacement by City Forces Joint Claim Abandoned			
Claimant Negligent City Negligent	Joint Claim Abandoned			
Respectfully submitted,				
	Olyin Holmes INVESTIGATOR - ALEXIS HOLMES			
RECOMMENDATION:				
Pay \$ Adverse X Accord	nt charged: 1A012J012H01			
Committee Action:	Council Action			
FORM 23-61				

		7/16/97 - te ANTHONY G. OA		Oats
COUNCIL OF THE CITY OF A MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 Dear Municipal Clerk: This is to notify the City of Atland/or \$	lanta that I have suffered da bodily injury for which I contend to hold a contend to	Incident: <u>Mornia</u>	te: $6-36-97$ sum of \$ $\frac{2}{3}$	property Yes No
4. Location of incident (including s5. Name of your insurance compan	ΔΔ.'.			
State what and how incident occ	•			
7. ALL ESTIMATES AND DA RESULT IN YOUR CLAIM 8. The registered owner must	BEING DENIED AND MAY	NSPECTION. THE PARTIES OF THE PARTIE	MAKING OF FALSE NAL PROSECUTION ete the following a	E CLAIMS WILL N! and attach two (2)
(Make)	(Year)	(Tag Number)	(Driver's	Name)
City vehicle:(Make)	(City Driver's	Name)	(Department)	Bureau)
9. Witness:				
(Name) 10. The acknowledgement of the State law, nor is it an admiss and the state law in	ssion of liability on behalf of	the City of Atlanta	(Telephone N ty of the City of Atl and/or its employed	anta, as granted by
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. Signature of Claimant		Mrs, Sara C. Jennette (Print Clamaint's Name) 225 Miduale Dr., A (Address)		
Signature of Claimant	J		(Address) eorgia 303 (City, State and Z	142 ip Code)

(Work Number)

01-*R*-0023